de Behcet y tratamiento farmacológico. La evaluación farmacoeconómica se llevó a cabo, utilizando un modelo de efecto fijo, desde la perspectiva de un paciente adulto, con sistema previsional de salud público, EB activa y las manifestaciones clínicas seleccionadas, diagnosticado según el criterio del International Study Group, en un horizonte temporal de un año. El análisis de decisión para las dos alternativas más efectivas se llevó a cabo a través de DATA 3.5. **RESULTADOS:** De los 38 estudios encontrados en cada una de las bases de datos, 15 cumplieron los criterios de selección, con los cuales se calculó el efecto de la intervención. Las alternativas más efectivas resultaron ser talidomida de 100 y 300 mg y la suspensión de sucralfato. Una vez realizado el análisis costo-efectividad, la suspensión de sucralfato fue dominada por talidomida de 100 mg. **CONCLUSIONES:** A pesar de la falta de evidencia en enfermedades raras y eficacia de tratamientos clásicos, fue posible proponer una alternativa costo-efectiva para la EB. No obstante, dada la heterogeneidad de las manifestaciones clínicas en enfermedades raras y los costos de los tratamientos, resulta necesario proponer análisis alternativos a la costo-efectividad, que permitan apoyar a toma de decisiones para estos grupos de pacientes.

PSY11

ANÁLISIS DE COSTO-EFECTIVIDAD PARA EL MANEJO FARMACOLÓGICO DE LA HEMOFILIA A SEVERA EN 5 ENTIDADES DE ASEGURAMIENTO EN COLOMBIA

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INTRODUCTION: La Federación Mundial de la Hemofilia indica que existen registrados 137.352 pacientes hemofílicos en 77 países, sin embargo se estima que deben existir cerca de 400.000 personas en todo el mundo. Un reciente estudio de carga de enfermedad genética estima que existirían 2931 colombianos con hemofilia, considerando el período de 1996 a 2025. **OBJECTIVOS:** Evaluar la costo-efectividad de tres tratamientos: Kogenate, Advate y Recombinate para el tratamiento de Hemofilia tipo A Severa en una población de 1 a 78 años. Describir los resultados de pacientes con Hemofilia Severa que reciben profilaxis con distintos productos del Factor VIII. **METODOLOGÍAS:** Se adaptó un modelo de Markov que describe la historia natural y los resultados de la Hemofilia A Severa. El modelo considera siete estados de salud caracterizados por el estado del inhibidor (3 niveles: HR, LR, Ninguno), daño articular (Si o no) y la muerte (estado absorbente). **RESULTADOS:** Um total de 1.186 pacientes con Hemofilia A, lo que representaría una prevalencia del 0,009% dentro de la población afiliada. La ganancia en términos de AVACs es similar para los tres tratamientos. Los componentes con el mayor impacto en los costos son profilaxis y control de sangrado. Del análisis de sensibilidad determinístico, el parámetro con el mayor impacto es la dosis de Advate con profilaxis. Del análisis de sensibilidad probabilísticos, Kogenate es una alternativa dominante respecto a Advate en 45% de las simulaciones, y en 70.4% de las simulaciones respecto a Recombinate. **CONCLUSIONES:** Se encontró que los costos de Kogenate y Recombinate son en su mayoría atribuidos a la profilaxis y aquellos a Advate al tratamiento de sangrado. Aunque la eficacia clínica de los productos es similar, las diferencias en la incidencia del desarrollo del inhibidor significan menores costos y mejor calidad de vida para los pacientes que son tratados con Kogenate.

SYSTEMIC DISORDERS/CONDITIONS – Patient-Reported Outcomes & Patient Preference Studies

PSY12

BETA-THALASSEMIA PATIENTS SURVEY ON DEFERRIZATION THERAPY

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OBJECTIVES: To investigate family burden, awareness and treatment status of ß-thalassemia patients in China. **METHODS:** The families with major ß-thalassemia received investigation. The questionnaire involved medical management of ß-thalassemia, economic burden, life quality and recognition, attitude and behavior of the relatives to the disease. **RESULTS:** Currently, the mainstay treatment of major thalassemia remains transfusion and deferrization therapy, so that the treatment cost is about 60,000 to 70,000 RMB per year for a 10-year-old-child and this number even rises with the increasing of the age. Therefore, the family burden and life quality of the patients is significantly involved during the treatment of this disease. Among different diferrization treatment, deferasirox was first choice of the patients concerning the cost-effect factors and lower incidence of adverse events, exemplified as local injection reactions which are commonly occurred in the patients receiving desferrioxamine. Most of the patients chose the convenience as the most important factor for the compliance to the treatment. And in addition to disease related factors and symptoms as discussed below, convenience was also considered as important issue for life quality. Although until now, 70.7% of the patients received intravenous desferrioxamine treatment, over half of the patients would like to change to a more convenient oral deferrization treatment, and deferasirox was considered as the first choice due to the low price of this medicine in China. **CONCLUSIONS:** ß-thalassemia as a hereditary disease severely influenced the life quality of the patients, increased economic and social burden to the family. The medical utility and society should pay more care to the patients and their families, especially the grass-root ones. The government should take the responsibility to improve the medical reimbursement system for this disease.

PSY13

EFFICACY AND TOLERABILITY OF CT-GUIDED EPIDURAL STEROID INJECTIONS AND PHARMACOTHERAPY FOR MANAGING CHRONIC LOW BACK ACHE WITH RADICULOPATHY

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OBJECTIVES: Substantial number of patients with persistent low back pain (LBP) are treated with multimodal spectrum of conservative and invasive therapies. Few have investigated the utility of pharmacotherapy and epidural steroid injections (ESI) in large practice setting. We sought to gather comprehensive data about the characteristics, efficacy, tolerability and quality of life (QoL) of patients with LBP with these therapies. **METHODS:** Information was collected on a standardized form. Information included patient characteristics, type and duration of therapies, adverse events, pain relief using visual analogue scale (VAS) and QoL by measuring disability using modified ODQ at each month of follow-up. **RESULTS:** Consecutive 81 patients were recruited and followed for 6 months. Average baseline pain duration was found to be 45.5 months. Combination of drugs and ESI was given in 75 (92%) patients. Anticonvulsants (75%) and Antidepressants (57%) were most commonly prescribed medications. Change in VAS & ODQ score from baseline to each follow-up at 3 months (VAS - 15), 6 months (VAS -25) was significantly ($P < 0.05$) improved. **CONCLUSIONS:** Pregabalin and amitriptyline were most commonly used drugs with maximum pain relief and improved Qol. Desired pain relief fluctuated with time. ESI can be promising choice when desirable pain relief is not achieved with medications.

SYSTEMIC DISORDERS/CONDITIONS – Health Care Use & Policy Studies

PSY14

MULTI-CRITERIA BENEFIT-RISK ASSESSMENT OF BIOLOGICAL AGENTS IN THE TREATMENT OF MODERATE TO SEVERE PSORIAIS: A STOCHASTICAL APPROACH

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OBJECTIVES: To evaluate the benefit-risk of biological agents (BA) in the treatment of moderate to severe psoriasis. **METHODS:** It was performed a mixed treatment comparison (MTC) based on all available clinical trials of psoriasis treated with BA. The common agent comparator was placebo and the time-horizon was up to 24 weeks of treatment. This indirect meta-analysis was followed by a stochastic multicriteria acceptability analysis (SMAA) to compare adalimumab, etanercept, infliximab and ustekinumab on two benefit and two risk criterias. Efficacy was evaluated by means of *Psoriasis Area Severity Index* 90 and 75 response (rPASI90 and rPASI75, respectively) and the risks corresponded to any adverse event (AAE) and serious adverse event (SAE). MTC/SMAA analysis was performed for two scenarios: one with missing outcome preference and the other with ordinal preference information established by experts in psoriasis (SAE > rPASI90 > rPASI75 > AAE). **RESULTS:** Results show the same tendency for both created scenarios. Infliximab 5 mg/kg had the highest probability of being the 1st-place in MTC/SMAA ranking (84% to 67%). It was followed by ustekinumab 90 mg for the 2nd-place (54% to 50%), ustekinumab 45 mg for the 3rd-place (51% - 50%), adalimumab 80 mg followed by 40 mg (51% - 47%), etanercept 50 mg TW (74% to 62%) and placebo in the 6th-place(97% - 94%). **CONCLUSIONS:** From all available evidence on treatment with BA for psoriasis, the designed method was enabled to point that infliximab 5 mg/kg is the BA with the highest probability of having the best benefit-risk ratio in the short-term follow up. It is followed by ustekinumab 90mg, ustekinumab 45 mg, adalimumab 80-->40 mg, etanercept 50 mg TW and placebo, respectively. Our findings can be useful to help on deciding which sequence of BA must be defined by guidelines and health services when therapy failure happens.

PSY15

DIRECT HEALTH CARE COSTS OF PATIENTS SWITCHING BIOLOGIC THERAPIES IN CHRONIC PLAQUE PSORIASIS

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OBJECTIVES: To describe patient characteristics and costs associated with first year biologic therapy use in psoriasis patients who switched or remained on biologic therapy. **METHODS:** Adult patients with psoriasis diagnosis (ICD-9 CM 696.1 or 696.8 codes, excluding psoriatic arthritis (ICD-9-CM 696.0), rheumatoid arthritis(ICD-9-CM 714.x), ankylosing spondylitis(ICD-9-CM 720.0), Crohn's disease(ICD-9-CM 555.x) or ulcerative colitis(ICD-9-CM 556.x)) with continuous insurance coverage for one year pre and post first biological therapy prescription, having at least one prescription of adalimumab, etanercept, infliximab or ustekinumab and no previous use of biologic were selected from a privately insured MarketScan® commercial and Medicare database, 2012 . Two patient cohorts of switchers and non-switchers were defined based on gap of 60 days of therapeutic benefit. Analyses included descriptive statistics and per member per year costs. **RESULTS:** Of the 2848 patients who met the study criteria, 8.32% (n=237) switched(S) to another biologic therapy, 1305 (45.82%) remained on initial biologic therapy (non-switched (NS)) and 1,306 (45.86%) discontinued their treatment within the first year of initiating biologic therapy. The mean age(SD) was 46.9(13.3) years with a higher percentage of males in the non-switched group than switched and discontinued groups (59.4% vs. 51.1% and 52.5%, respectively). One year post start of biologic therapy, total health care cost per patient (S: US$38,529(24,328), NS: US$32,822(15,913)), all cause hospitalization cost per patient (S: US$1713(12,528), NS: US$911(4663)) and all cause emergency room cost per patient (S: US$447 (1300), NS: US$266 (1000)) were higher among patients who switched to another biologic therapy than among patients who remained on their initial biologic therapy. **CONCLUSIONS:** Although few patients switched from their initial biologic therapy within first year of initiating treatment, higher direct health care costs were observed in this patient group compared to those who remained on their initial therapy. These results suggest an unmet need among patients that switch biologic therapies in psoriasis.

PSY16

ORPHAN DRUG ACCESS: RISK/REWARD ANALYSIS OF LOCAL CLINICAL DEVELOPMENT IN CHILE

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